Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 1 of 16

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

#### CHAPTER 13 PLAN AND RELATED MOTIONS

Case No: 17-32878-KRH

| This plan, dated | l <u>Ju</u> | ne 7, 2017 , is:  |
|------------------|-------------|---|
|                  |             | the <i>first</i> Chapter 13 plan filed in this case. a modified Plan, which replaces the □confirmed or □unconfirmed Plan dated. |
|                  |             | Date and Time of Modified Plan Confirming Hearing:  |
|                  |             | Place of Modified Plan Confirmation Hearing:  |
|                  | The I       | Plan provisions modified by this filing are:  |

**Beverlum Marie Lucas** 

Creditors affected by this modification are:

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing. If no objections are timely filed, a confirmation hearing will NOT be held.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: **\$102,755.00** 

Name of Debtor(s):

Total Non-Priority Unsecured Debt: \$25,810.32

Total Priority Debt: **\$71.46**Total Secured Debt: **\$75,604.14** 

### Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 2 of 16

- **1. Funding of Plan.** The debtor(s) propose to pay the trustee the sum of **\$295.00 Monthly for 60 months**. Other payments to the Trustee are as follows: **NONE** . The total amount to be paid into the plan is \$ **17,700.00** .
- 2. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
    - 2. Debtor(s)' attorney will be paid \$\_4,851.00 balance due of the total fee of \$\_5,151.00 concurrently with or prior to the payments to remaining creditors.
  - B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

| Creditor                 | Type of Priority              | Estimated Claim | Payment and Term |
|--------------------------|-------------------------------|-----------------|------------------|
| City of Petersburg       | Taxes and certain other debts | 70.46           | 1.47             |
|                          |                               |                 | 48 months        |
| Internal Revenue Service | Taxes and certain other debts | 6,096.62        | 0.02             |
|                          |                               |                 | 50 months        |

- 3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

CreditorCollateralPurchase DateEst Debt Bal.Replacement ValueRegional2010 Sentra Nissan 46381 miles6/20109,375.868,150.00Acceptance Corp.Motor Vehicle

#### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

### Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 3 of 16

#### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

Creditor Collateral Description Adeq. Protection Monthly Payment To Be Paid By

-NONE-

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

#### 4. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately <u>5</u> %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 4.65 %.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

### Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Mail Document Page 4 of 16

- 5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

| Creditor Wells Fargo Home | Collateral 1324 East Valor Drive | Regular<br>Contract<br><u>Payment</u><br><b>181.34</b> | Estimated Arrearage 1.250.00 | Arrearage<br>Interest<br>Rate<br>0% | Estimated Cure Period 6 months | Monthly Arrearage Payment Prorata |
|---------------------------|----------------------------------|--|------------------------------|-------------------------------------|--------------------------------|-----------------------------------|
| •                         |                                  | 101.34   | 1,250.00                     | U 76                                | o monuis                       | Fibrata                           |
| Equity                    | Petersburg, VA 23803             |  |                              |                                     |                                |                                   |
|                           | Petersburg City County           |  |                              |                                     |                                |                                   |
|                           | Primary Residence                |  |                              |                                     |                                |                                   |
| Wells Fargo Home          | 1324 East Valor Drive            | 705.65   | 0.00                         | 0%                                  | 0 months                       |                                   |
| Mortgage                  | Petersburg, VA 23803             |  |                              |                                     |                                |                                   |
|                           | Petersburg City County           |  |                              |                                     |                                |                                   |
|                           | Primary Residence                |  |                              |                                     |                                |                                   |

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

|          |                   | Regular  |                    |                  | Monthly   |
|----------|-------------------|----------|--------------------|------------------|-----------|
|          |                   | Contract | Estimated Interest | Term for         | Arrearage |
| Creditor | <u>Collateral</u> | Payment  | Arrearage Rate     | <u>Arrearage</u> | Payment   |
| -NONE-   |                   |          |                    |                  |           |

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

|          |                   | Interest    | Estimated    |                            |
|----------|-------------------|-------------|--------------|----------------------------|
| Creditor | <u>Collateral</u> | Rate        | <u>Claim</u> | Monthly Paymt& Est. Term** |
| -NONE-   |                   | <del></del> |              |                            |

- **6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.
  - A. Executory contracts and unexpired leases to be rejected. The debtor(s) reject the following executory contracts.

| Creditor | Type of Contract |
|----------|------------------|
| -NONE-   |                  |

**B. Executory contracts and unexpired leases to be assumed.** The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

|          |                  |           | Monthly     |             |
|----------|------------------|-----------|-------------|-------------|
|          |                  |           | Payment     | Estimated   |
| Creditor | Type of Contract | Arrearage | for Arrears | Cure Period |
| -NONE-   |                  |           |             |             |

### Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 5 of 16

- 7. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

#### 8. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- **9. Vesting of Property of the Estate.** Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- **10. Incurrence of indebtedness.** The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:
  - I. Payment of Adequate Protection
  - All adequate protection payments set forth in Section 3.C are to be paid through the Trustee.
  - The Debtors shall pay regular post-petition contract payments to the creditors listed in Section 5.A., and such payments shall also constitute adequate protection payments to such creditors. Accordingly, the Trustee shall not pay adequate protection payments to creditors listed in Section 5.A.
  - No adequate protection payments are to be paid to any creditors unless the Plan provides for the payment of adequate protection of such claim(s) through the Trustee in Section 3.C. or directly by the Debtors in Section 5.A., or unless the Court orders otherwise.
  - II. Notwithstanding the confirmation of this plan the debtor(s) reserve the right to challenge the allowance, validity, or enforceability of any claim in accordance with § 502(b) and to challenge the standing of any party to assert any such claim.

## Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 6 of 16

| Signatures:             |  |  |
|-------------------------|--|--|
| Dated: June             | 7, 2017  |  |
| /s/ Beverlum M          | arie Lucas   | /s/ Christopher J. Flynn VSB   |
| Beverlum Marie          | e Lucas  | Christopher J. Flynn VSB 89165   |
| Debtor                  |  | Debtor's Attorney  |
| Exhibits:               | Copy of Debtor(s)' Budget (Scho<br>Matrix of Parties Served with P |  |
| I certify that on List. | <b>June 7, 2017</b> , I mailed a copy                              | Certificate of Service of the foregoing to the creditors and parties in interest on the attached Service |
|                         | /s/ Ch   | ristopher J. Flynn VSB   |
|                         |  | opher J. Flynn VSB 89165   |
|                         | Signat   | ure  |
|                         | P. O. I  | Box 11588  |
|                         | Richn  | ond, VA 23230  |
|                         | Addre  | SS   |
|                         | (804)  | 358-9900   |
|                         |  | one No.  |

Ver. 09/17/09 [effective 12/01/09]

Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 7 of 16

### United States Bankruptcy Court Eastern District of Virginia

| In re | Beve     | rlum Marie Lucas  |  |             | Case No.                  | 17-32878-KRH |  |  |
|-------|----------|---|--|-------------|---------------------------|--------------|--|--|
|       |          |   | Debt                                     | or(s)       | Chapter                   | 13           |  |  |
|       |          | SPECIAL NOTI  | ICE TO SE                                | CUREI       | D CREDITOR                |              |  |  |
| To:   | 4701 (   | nal Acceptance Corp.; CT Corporation S<br>Cox Road, Suite 285; Glen Allen, VA 230   |  | Agent       |                           |              |  |  |
|       | Name     | of creditor   |  |             |                           |              |  |  |
|       | Motor    | Sentra Nissan 46381 miles<br>Vehicle  |  |             |                           |              |  |  |
|       | Descr    | iption of collateral  |  |             |                           |              |  |  |
| 1.    | The a    | ttached chapter 13 plan filed by the debtor   | (s) proposes (                           | check one   | ):                        |              |  |  |
|       |          | To value your collateral. <i>See Section</i> 3 amount you are owed above the value of   |  |             |                           |              |  |  |
|       |          | To cancel or reduce a judgment lien or <b>Section 7 of the plan.</b> All or a portion   |  | •           |                           | •            |  |  |
|       | posed re | hould read the attached plan carefully for<br>elief granted, <u>unless</u> you file and serve a w<br>objection must be served on the debtor(s), | ritten objectio                          | on by the d | late specified and appe   |              |  |  |
|       | Date     | objection due:  | No later than 7 days prior to 08/16/2017 |             |                           |              |  |  |
|       | Date     | and time of confirmation hearing:   |  |             | 08/16/2017 (              | 2 11:10 A.M. |  |  |
|       | Place    | of confirmation hearing:  | 7  | 01 E. Bro   | ad St., Room 5000, Ri     | chmond, VA   |  |  |
|       |          |   |  | Beverlu     | ım Marie Lucas            |              |  |  |
|       |          |   |  | Name(s      | ) of debtor(s)            |              |  |  |
|       |          |   | By:                                      | /s/ Chris   | stopher J. Flynn VSB      |              |  |  |
|       |          |   | ·  |             | pher J. Flynn VSB 89      | 165          |  |  |
|       |          |   |  | Signatu     | re                        |              |  |  |
|       |          |   |  | ■ Debto     | or(s)' Attorney           |              |  |  |
|       |          |   |  | □ Pro se    | e debtor                  |              |  |  |
|       |          |   |  | Christo     | pher J. Flynn VSB 89      | 165          |  |  |
|       |          |   |  | Name o      |                           |              |  |  |
|       |          |   |  |             | f attorney for debtor(s)  |              |  |  |
|       |          |   |  | P. O. B     | ox 11588                  |              |  |  |
|       |          |   |  | P. O. Bo    |                           |              |  |  |
|       |          |   |  | P. O. Bo    | ox 11588<br>ond, VA 23230 |              |  |  |

### Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 8 of 16

#### CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attached Chapter 13 Plan and Related Motions were served upon the creditor noted above by

■ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this \_\_ June\_ 7, 2017 \_\_.

Isl Christopher J. Flynn VSB
Christopher J. Flynn VSB 89165
Signature of attorney for debtor(s)

Ver. 09/17/09 [effective 12/01/09]

## Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 9 of 16

| E                  | in this information to identify your o   | 222  |  |                        |                | Ī                                       |                    |                |                            |                 |
|--------------------|--|--|--|------------------------|----------------|---|--------------------|----------------|----------------------------|-----------------|
|                    | in this information to identify your captor 1  Beverlum M  |  |  |                        |                |   |                    |                |                            |                 |
| Del                | otor 2 use, if filing)   | une Lucus  |  |                        | _              |   |                    |                |                            |                 |
| Uni                | ted States Bankruptcy Court for the  | EASTERN DISTRICT                                       | OF VIRGINIA                                    |                        | _              |   |                    |                |                            |                 |
|                    | se number 17-32878-KRH   |  |  |                        |                |   | ed filir<br>ent sh | nowing         | g postpetition             |                 |
| O                  | fficial Form 106I  |  |  |                        |                | MM / DD/ Y                              |                    | _              | nowing date.               |                 |
| S                  | chedule I: Your Ince   | ome  |  |                        |                | , 22, .                                 |                    |                |                            | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filir<br>r spouse is not filing wi | ng jointly, and your s<br>th you, do not inclu | spouse is<br>de inforn | s liv<br>natio | ing with you, incl<br>on about your spo | ude i<br>ouse.     | nform<br>If mo | ation about<br>re space is | your<br>needed, |
| 1.                 | Fill in your employment information.   |  | Debtor 1                                       |                        |                | Debtor 2                                | or n               | on-fili        | ing spouse                 |                 |
|                    | If you have more than one job,   | Employment status                                      | ☐ Employed                                     |                        |                | ☐ Emple                                 | oyed               |                |                            |                 |
|                    | attach a separate page with information about additional   | Linployment status                                     | ■ Not employed                                 |                        |                | ☐ Not e                                 | mplo               | yed            |                            |                 |
|                    | employers.  Include part-time, seasonal, or  | Occupation   | Retired  |                        |                |   |                    |                |                            |                 |
|                    | self-employed work.  | Employer's name  |  |                        |                |   |                    |                |                            |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                     |  |                        |                |   |                    |                |                            |                 |
|                    |  | How long employed the                                  | here?  |                        |                |   |                    |                |                            |                 |
| Par                | Give Details About Mor   | thly Income  |  |                        |                |   |                    |                |                            |                 |
|                    | mate monthly income as of the dause unless you are separated.  | ate you file this form. If y                           | you have nothing to re                         | eport for a            | any I          | line, write \$0 in the                  | spac               | e. Incl        | lude your no               | n-filing        |
| ,                  | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   | 1 7  | ombine the information                         | n for all e            | mplo           | oyers for that perso                    | n on               | the lin        | es below. If               | you need        |
|                    |  |  |  |                        |                | For Debtor 1                            |                    |                | otor 2 or<br>ng spouse     |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly, or  |  |  | 2.                     | \$             | 0.00                                    | \$_                |                | N/A                        |                 |
| 3.                 | Estimate and list monthly overt  | me pay.  |  | 3.                     | +\$            | 0.00                                    | +\$                |                | N/A                        |                 |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.   |  | 4.                     | \$             | 0.00                                    |                    | \$             | N/A                        |                 |

| Debto | or 1                  | Beverlum Marie Lucas   |          | (        | Case numb | er (if kr    | 10wn) | 17-3      | 2878-K          | кн               |                 |
|-------|-----------------------|--|----------|----------|-----------|--------------|-------|-----------|-----------------|------------------|-----------------|
|       |                       |  |          |          | For Debt  | or 1         |       |           | Debtor          |                  | ı               |
|       | Cor                   | by line 4 here   | 4.       |          | \$        |              | 0.00  | non<br>\$ | -filing s       | pouse<br>N/A     |                 |
|       | OUL                   | oy line 4 nere   | ·        |          | Ψ         |              | 7.00  | Ψ_        |                 | IN/A             | -               |
| 5.    | List                  | t all payroll deductions:  |          |          |           |              |       |           |                 |                  |                 |
|       | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a       |          | \$        |              | 0.00  | \$        |                 | N/A              | _               |
|       | 5b.                   | Mandatory contributions for retirement plans   | 5b       |          | \$        |              | 0.00  | \$        |                 | N/A              | =               |
|       | 5c.                   | Voluntary contributions for retirement plans   | 5c       |          | \$        |              | 0.00  | \$_       |                 | N/A              | -               |
|       | 5d.<br>5e.            | Required repayments of retirement fund loans Insurance   | 5d<br>5e |          | \$        |              | 0.00  | \$_<br>\$ |                 | N/A<br>N/A       | -               |
|       | 5f.                   | Domestic support obligations   | 5f.      |          | \$        |              | 0.00  | \$<br>-   |                 | N/A              | =               |
|       | 5g.                   | Union dues   | 5g       |          | \$        |              | 0.00  | \$_       |                 | N/A              | -               |
|       | 5h.                   | Other deductions. Specify:   |          | ,<br>1.+ | \$        |              |       | + \$      |                 | N/A              | _               |
| 6.    | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       |          | \$        | (            | 0.00  | \$        |                 | N/A              |                 |
| 7.    | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       |          | \$        | (            | 0.00  | \$        |                 | N/A              |                 |
|       | List<br>8a.           | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total          |          |          |           |              |       |           |                 |                  | -               |
|       | ٠.                    | monthly net income.  | 8a       |          | \$        |              | 0.00  | \$_       |                 | N/A              | _               |
|       | 8b.<br>8c.            | Interest and dividends  Family support payments that you, a non-filing spouse, or a depende  | 8b       | ).       | \$        |              | 0.00  | \$_       |                 | N/A              | _               |
|       |                       | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c       |          | \$        |              | 0.00  | \$        |                 | N/A              | _               |
|       | 8d.                   | Unemployment compensation  | 8d       |          | \$        |              | 0.00  | \$_       |                 | N/A              | _               |
|       | 8e.<br>8f.            | Social Security  | 8e       | <b>.</b> | \$        | (            | 0.00  | \$        |                 | N/A              | =               |
|       |                       | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.      |          | \$        |              | 0.00  | \$        |                 | N/A              | _               |
|       | 8g.                   | Pension or retirement income   | 8g       | J.       | \$        | 2,250        | ).27  | \$        |                 | N/A              | -               |
|       | 8h.                   | Other monthly income. Specify: Substitute Teacher (p/t job - not every month)  |          | 1.+      | \$        | 500          | 0.00  | + \$_     |                 | N/A              | -               |
| 9.    | Add                   | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | 9        | \$        | 2,750        | ).27  | \$        |                 | N/A              | <b>A</b>        |
| 10.   | Cal                   | culate monthly income. Add line 7 + line 9.  | 10.      | \$       | 2 75      | 0.27         | + \$  |           | N/A             | = \$             | 2.750.27        |
|       |                       | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          | Ψ-       | 2,70      | <i>7.</i> 21 |       |           | IVA             | _                | Z,1 00.Z1       |
|       | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:   | ur depe  |          |           |              |       | •         | Schedule<br>11. |                  | 0.00            |
|       |                       | d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Cerolies  |          |          |           |              |       |           | 12.             | \$               | 2,750.27        |
|       |                       |  |          |          |           |              |       |           |                 | Combin<br>monthl | ned<br>y income |
| 13.   | <b>=</b> '            | you expect an increase or decrease within the year after you file this for No.   | m?       |          |           |              |       |           |                 |                  |                 |
|       | П                     | Yes. Explain:  |          |          |           |              |       |           |                 |                  |                 |

# Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 11 of 16

| Fill              | in this informa  | ition to identify yo                                   | our case:                                |   |                      |             |                                    |                               |
|-------------------|--|--|--|---|----------------------|-------------|------------------------------------|-------------------------------|
| Deb               | otor 1   | Beverlum Ma  | arie Luca                                | s   |                      | _           | eck if this is:                    |                               |
| Deb               | otor 2   |  |  |   |                      |             | An amended filing A supplement sho | wing postpetition chapter     |
| (Spo              | ouse, if filing)   |  |  |   |                      | _           | 13 expenses as of                  | the following date:           |
| Unit              | ed States Bankr  | ruptcy Court for the                                   | EASTE                                    | RN DISTRICT OF VIRGIN   | IA                   |             | MM / DD / YYYY                     |                               |
|                   | e number 17  | 7-32878-KRH  |  |   |                      |             |                                    |                               |
| Of                | fficial Fo   | rm 106J  |  |   |                      |             |                                    |                               |
| So                | chedule  | J: Your  | Exper                                    | ises  |                      |             |                                    | 12/1                          |
| Be<br>info<br>nur | as complete a complete | and accurate as<br>lore space is ne<br>n). Answer evel | s possible.<br>eded, atta<br>ry question | If two married people are<br>ch another sheet to this t                   |                      |             |                                    |                               |
| Par<br>1.         | t 1: Descr<br>Is this a joir   | ribe Your House  | ehold                                    |   |                      |             |                                    |                               |
|                   | ■ No. Go to  |  | in a separa                              | ate household?  |                      |             |                                    |                               |
|                   | □ N<br>□ Y   |  | st file Offici                           | al Form 106J-2, <i>Expen</i> ses  | for Separate House   | ehold of De | ebtor 2.                           |                               |
| 2.                | Do you have  | e dependents?  | ■ No                                     |   |                      |             |                                    |                               |
|                   | Do not list D<br>Debtor 2.   | -  | ☐ Yes.                                   | Fill out this information for each dependent                              | Dependent's relation |             | Dependent's age                    | Does dependent live with you? |
|                   | Do not state   |  |  |   |                      |             |                                    | □ No                          |
|                   | dependents   | names.   |  |   |                      |             |                                    | ☐ Yes<br>☐ No                 |
|                   |  |  |  |   |                      |             |                                    | ☐ Yes                         |
|                   |  |  |  |   |                      |             |                                    | □ No                          |
|                   |  |  |  |   |                      |             |                                    | ☐ Yes<br>☐ No                 |
|                   |  |  |  |   |                      |             |                                    | ☐ Yes                         |
| 3.                | expenses o   | oenses include<br>f people other t<br>d your depende   | han $_{\square}$                         | No<br>Yes   |                      |             |                                    |                               |
| exp               | imate your ex  |  | our bankrı                               | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                      |             |                                    |                               |
| the               |  | h assistance an  |  | government assistance it<br>luded it on <i>Schedule I:</i> Y              |                      |             | Your exp                           | enses                         |
| 4.                |  | or home owners   |  | ses for your residence. In  | nclude first mortgag | e 4.        | \$                                 | 705.65                        |
|                   | If not includ  | led in line 4:   |  |   |                      |             |                                    |                               |
|                   | 4a. Real e   | estate taxes   |  |   |                      | 4a.         | \$                                 | 0.00                          |
|                   | 4b. Prope  | rty, homeowner's                                       |  |   |                      | 4b.         | \$                                 | 0.00                          |
|                   |  |  |  | pkeep expenses  |                      | 4c.         | ·                                  | 100.00                        |
| 5.                |  | owner's associat                                       |  | dominium dues<br>D <b>ur residence,</b> such as hoi                       | me equity loans      | 4d.<br>5.   | ·                                  | 0.00<br>181.34                |

## Case 17-32878-KRH Doc 6 Filed 06/07/17 Entered 06/07/17 09:44:11 Desc Main Document Page 12 of 16

| Debtor        | Beverlum Marie Lucas  | Case num     | ber (if known) | 17-32878-KRH |
|---------------|---|--------------|----------------|--------------|
| 6. <b>Ut</b>  | ilities:  |              |                |              |
| 6a            |   | 6a.          | \$             | 200.00       |
| 6b            |   | 6b.          | \$             | 85.00        |
| 6c            |   | 6c.          |                | 30.00        |
| 6d            |   | 6d.          | ·              | 0.00         |
|               | od and housekeeping supplies  | 7.           | ·              | 300.00       |
|               | ildcare and children's education costs  | 8.           | \$             | 0.00         |
| _             | othing, laundry, and dry cleaning   | 9.           | *              | 90.00        |
|               | rsonal care products and services   | -            | *              |              |
|               | edical and dental expenses  | 10.          |                | 90.00        |
|               | •   | 11.          | Φ              | 85.00        |
|               | ansportation. Include gas, maintenance, bus or train fare. onot include car payments.   | 12.          | \$             | 125.00       |
|               | tertainment, clubs, recreation, newspapers, magazines, and books  | 13.          | ·              | 145.00       |
|               | paritable contributions and religious donations   | 14.          | ·              | 0.00         |
|               | surance.  | 17.          | Ψ              | 0.00         |
|               | onot include insurance deducted from your pay or included in lines 4 or 20.   |              |                |              |
|               | a. Life insurance   | 15a.         | \$             | 0.00         |
|               | b. Health insurance   | 15b.         | ·              | 0.00         |
|               | c. Vehicle insurance  | 15c.         | ·              | 145.00       |
|               |   | 15d.         | ·              |              |
|               | d. Other insurance. Specify:  | 150.         | Ψ              | 0.00         |
|               | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: Personal Property   | 16.          | \$             | 23.00        |
|               | stallment or lease payments:  |              |                |              |
| 17            | a. Car payments for Vehicle 1   | 17a.         | \$             | 0.00         |
| 17            | b. Car payments for Vehicle 2   | 17b.         | \$             | 0.00         |
| 17            | c. Other. Specify:  | 17c.         | \$             | 0.00         |
| 17            | d. Other. Specify:  | 17d.         | \$             | 0.00         |
| . Yo          | our payments of alimony, maintenance, and support that you did not report as  |              |                |              |
|               | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.          | \$             | 0.00         |
| ). <b>O</b> t | her payments you make to support others who do not live with you.   |              | \$             | 0.00         |
|               | ecify:  | 19.          |                |              |
|               | her real property expenses not included in lines 4 or 5 of this form or on Scho   |              |                |              |
| 20            | a. Mortgages on other property  | 20a.         | \$             | 0.00         |
| 20            | b. Real estate taxes  | 20b.         | \$             | 0.00         |
| 20            | c. Property, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00         |
| 20            | d. Maintenance, repair, and upkeep expenses   | 20d.         | \$             | 0.00         |
| 20            | e. Homeowner's association or condominium dues  | 20e.         | \$             | 0.00         |
| . Ot          | her: Specify: Miscellaneous Expenses  | 21.          | +\$            | 150.00       |
|               |   |              |                |              |
|               | lculate your monthly expenses   |              |                |              |
|               | a. Add lines 4 through 21.  |              | \$             | 2,454.99     |
| 22            | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             |              |
| 22            | c. Add line 22a and 22b. The result is your monthly expenses.   |              | \$             | 2,454.99     |
| . Ca          | Ilculate your monthly net income.   |              | L              |              |
|               | a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$             | 2,750.27     |
|               | b. Copy your monthly expenses from line 22c above.  | 23b.         |                | 2,454.99     |
| _5            |   | _00.         |                | 2,707.33     |
| 23            | c. Subtract your monthly expenses from your monthly income.   | 22           | •              | 205.20       |
|               | The result is your monthly net income.  | 23c.         | \$             | 295.28       |
| 4 De          | you expect an increase or decrease in your expenses within the year after yo  | nu file this | s form?        |              |
|               | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of |              |                |              |
|               | diffication to the terms of your mortgage?  |              | ,,             |              |
| _             | No.   |              |                |              |
|               | Yes. Explain here:  |              |                |              |
| ┙             | 165.   Explain field.   |              |                |              |

Office of the US Trustee 701 E. Broad Street Room 4304 Richmond, VA 23219

Advance America 2014 Boulevard St Colonial Heights, VA 23834

CAB 8002 Discovery Drive Suite 311 Henrico, VA 23229

CBSI Collection Division 550 Greensboro Avenue Suite 201 Tuscaloosa, AL 35401-1578

Check Into Cash 3600 S. Crater Road Petersburg, VA 23803

City of Petersburg Billing office PO Box 726 New Cumberland, PA 17070

City of Petersburg Utility Billing Office PO Box 1271 Petersburg, VA 23804

City of Petersburg Office of the Treasurer PO Box 1271 Petersburg, VA 23804

Comcast Attn: Bankruptcy Dept PO Box 3012 Southeastern, PA 19398-3012

Convergent Outsourcing 500 SW 7th St, Bld A 100 Renton, WA 98055

DirecTV Attn: Bankruptcy Claims PO Box 6550 Englewood, CO 80155

Dominion Energy Virginia P.O. Box 26666 Richmond, VA 23261

Ettrick Health Center, LLC 20901 Chesterfield Avenue Ettrick, VA 23803

First Step Group, LLC 6300 Shingle Creek Pkwy Suite 220 Minneapolis, MN 55430

Haynes Attn: Bankruptcy Dept P.O. Box 12812 Norfolk, VA 23541

Internal Revenue Service 400 N. 8th St., Box 76 Stop Room 898 Richmond, VA 23219

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service Proceedings & Insolvencies P.O. Box 21126 Philadelphia, PA 19114-0326

Labcorp Re: Bankruptcy Dept. PO Box 2240 Burlington, NC 27216

LCA Collections Re: LabCorp 1250 Chapel Hill Road Burlington, NC 27215 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123

Mitchell Rubenstein & Assoc. 12 South Summit Avenue Suite 250 Gaithersburg, MD 20877

OneMain Financial 100 International Drive Suite 15000 Baltimore, MD 21202-4683

PASI
7100 Commerce Way
Suite 100
Brentwood, TN 37027

Payments MD 5665 New Northside Dr. Ste. 300 Atlanta, GA 30328

Radiology Assoc. of Richmond 2602 Burford Rd. Richmond, VA 23235

Receivables Managment Systems Re: PO Box 8630 Richmond, VA 23226-0630

Regional Acceptance Corp. BK Section/100-50-01-51 PO Box 1847 Wilson, NC 27894-1847

Southside Physician Network 1501 E Mockingbird Lane # 425 Victoria, TX 77901-2157 Southside Regional Medical Cen Attn: Bankruptcy Dept. 200 Medical Park Blvd. Petersburg, VA 23805

Southside Regional Medical Cen PO Box 501128 Saint Louis, MO 63150-1128

Southwest Credit Systems RE: 4120 International Pkwy #1100 Carrollton, TX 75007-1958

VCA Animal Care Associates 2403 Boulevard Colonial Heights, VA 23834

Virginia Emergency Group PO Box 320006 Birmingham, AL 35222-1308

Wells Fargo Home Equity PO Box 31557 Billings, MT 59107

Wells Fargo Home Mortgage 3480 Stateview Blvd Fort Mill, SC 29716